

Supporting teachers' mental health and wellbeing: Evidence review

Dr Jane White
Evidence for Action Team, NHS Health Scotland

This resource may also be made available on request in the following formats:



 **0131 314 5300**

 **nhs.healthscotland-alternativeformats@nhs.net**

Author

Dr Jane White, Public Health Intelligence Adviser, Evidence for Action Team, NHS Health Scotland

Citation:

This paper should be cited as White, J. Supporting teachers' mental health and wellbeing: Evidence Review. Edinburgh: NHS Health Scotland; 2020

For further information about this publication please contact:

Jane White.

Email: **jane.white16@nhs.net**

Acknowledgements

This publication would not have been possible without the contribution of NHS Health Scotland colleagues: Seona Hamilton, Emma Hogg, Laura Martin, Sonya Scott, and Shirley Windsor. In addition, NHS Health Scotland would like to thank Jan Turnbull, Education Scotland, and Debbie Wallis, COSLA, who provided feedback about early drafts of this paper.

Published by NHS Health Scotland

1 South Gyle Crescent
Edinburgh EH12 9EB

© NHS Health Scotland 2020

All rights reserved. Material contained in this publication may not be reproduced in whole or part without prior permission of NHS Health Scotland (or other copyright owners). While every effort is made to ensure that the information given here is accurate, no legal responsibility is accepted for any errors, omissions or misleading statements.

NHS Health Scotland is a WHO Collaborating Centre for Health Promotion and Public Health Development.

Corporate member of
Plain English Campaign
Committed to clearer
communication

489



Contents

Introduction	2
Key points	2
Why is this important?	2
What works to support teachers' mental health and wellbeing?	3
Background	4
Teachers' mental health and wellbeing	5
Teachers' mental health and wellbeing in Scotland	6
Drivers of teachers' work-related stress in Scotland	8
What works to support teachers' mental health and wellbeing?	8
International review-level evidence	9
Studies in the UK and Ireland	12
Discussion	17
Limitations	18
Conclusion	19
Sources of information about promoting wellbeing in the workplace and/or managing work-related stress	20
Appendix 1: Method	22
References	24

Introduction

The mental health and wellbeing of qualified primary and secondary school teachers can influence the mental health and wellbeing of their pupils, as well as educational outcomes.¹ However, the teaching profession is commonly reported to be one of the most stressful occupations. In the UK, people working in the education sector report statistically significantly higher levels of work-related stress and lower wellbeing than the average across all industries.²

The purpose of this review is to examine what works to support teachers' mental health and wellbeing. It brings together international review-level evidence and published outcome evaluations of programmes implemented in schools in the UK and Ireland. The method used to identify papers for this review is detailed in Appendix 1. The review was restricted to international systematic reviews and research conducted in the UK and Ireland to ensure that findings were as relevant to the Scottish education system as possible. Only programmes that had published outcome evaluations were included.

Key points

Why is this important?

- Teachers' mental health and wellbeing is important for the social and emotional wellbeing of their pupils.¹ Yet, the teaching profession is commonly reported as one of the most stressful occupations.² High levels of work-related stress are linked with a range of physical and mental health problems.¹
- Mental health and wellbeing at work is influenced by the relationship between the individual, the nature of their work and their work environment. Work environments that place high demands on individuals without enough control and support to meet these demands pose risks for mental health and wellbeing.³
- In Scotland, a significant proportion of teaching staff responding to work-related surveys reported feeling stressed.^{4,5,6} Workload pressures such as administrative paperwork, lack of non-contact time for class preparation

and challenging pupil behaviour are reported as the main drivers of work-related stress by teachers who responded to the surveys.^{4,6}

What works to support teachers' mental health and wellbeing?

- There were limited numbers of evaluations that looked specifically at ways to support teachers' mental health and wellbeing. All the studies focused on the prevention of mental health problems rather than the promotion of positive mental health and wellbeing.
- The majority of the studies focused on individual-level approaches to help teachers cope with stressors in their work environment as opposed to strategies at an organisational level to reduce stressors and prevent stress.
- There is a larger body of evidence for interventions in the general workplace to support mental health and wellbeing. It is not known whether these would be more or less effective in a Scottish school setting.

Background

High levels of work-related stress are associated with a range of physical problems, including an increased incidence of cardiovascular disease¹ and psychological issues such as depression,^{1,7,8} as well as increased rates of absenteeism.⁹ In the UK, work-related stress, depression or anxiety accounted for more than half (54%) of the working days lost in 2018/19.² Long-term exposure to work-related stressors can lead to burnout, which is characterised by emotional exhaustion, a feeling of detachment (depersonalisation), cynical attitudes towards an individual's own job and a keen sense of professional inefficacy (personal accomplishment).^{10,11} Burnout has been linked with physical health issues such as high blood pressure and cardiovascular disease as well as mental health problems such as anxiety and depression.¹¹ In addition, burnout is associated with absenteeism and staff turnover. Those who continue to work in the same environment, despite experiencing burnout, perform less well in their role, and have lower job satisfaction and commitment.^{10,11}

Mental health and wellbeing at work is influenced by the relationship between the individual, the nature of their work and their work environment.^{3,10} The Health and Safety Executive (HSE) have identified six key aspects of a working environment that have the potential to contribute to work-related stress.⁸

1. Demands – includes workload, work patterns and the work environment.
2. Control – how much say a person has in the way they do their work.
3. Support – the encouragement and resources provided by the organisation, line management and colleagues.
4. Relationships at work – promoting positive working practices to deal with unacceptable behaviour and avoid conflict.
5. Role – whether or not people understand their role within the organisation and whether the organisation ensures the person does not have conflicting roles.
6. Change – how organisational change is managed and communicated.

Work environments that place high demands on individuals without enough control and support to meet these demands pose risks for mental health and wellbeing.³

Teachers' mental health and wellbeing

Teachers have been consistently found to be at increased risk of experiencing poor mental health and wellbeing compared to people in other occupations.^{12,13} In the [annual statistics](#) published by the Health and Safety Executive, over a three-year period (2016/17–2018/19), the average prevalence rate for self-reported work-related stress, depression or anxiety for people employed in primary and secondary education in Great Britain* was statistically significantly higher than the average rate across all the industry sectors.^{2,14} School teachers are regularly reported to have higher levels of psychological distress and lower wellbeing than might be expected.¹³ For example, Kidger et al found that nearly 20% of secondary school teachers in eight schools in Bristol and the surrounding area had scores on the Patient Health Questionnaire-9 (PHQ-9) that indicated that they probably had moderate to severe depression, compared to a population norm of around 10%. Similarly, their mean score on the Warwick–Edinburgh Mental Wellbeing Scale (WEMWBS) was lower than the general population norms.¹³

Teachers face many potential stressors in their work environment, including workload pressures as well as relational and external factors.⁹ Workload aspects include administrative paperwork, lack of non-contact time for lesson planning⁹ and a feeling of responsibility for pupils' educational outcomes.¹⁵ Relational aspects include the quality of teachers' connections with pupils and their parents as well as with other staff members.¹⁶ For example, student misbehaviour, challenging situations with colleagues and parents of pupils as well as lack of perceived support from management and leaders can impact negatively on teachers' mental health and wellbeing.^{8,13} External influences include policy initiatives and changes to the school system.^{9,16}

Relationships between teacher wellbeing, the quality of teacher–pupil relationships, pupil wellbeing and educational outcomes is likely to be inter-related and complex.^{9,12} Teachers with poor mental health and wellbeing who continue working are likely to find it more difficult to form positive and supportive relationships with

* Scotland, England and Wales

their pupils or to manage classroom behaviour effectively.¹² Burnout in teachers has been linked with reduced quality of teaching and classroom instruction, and an increased risk of poor student classroom behaviour.¹¹ In a cross-sectional study in 25 secondary schools in England and Wales, better teacher wellbeing and lower depressive symptoms in teachers were found to be associated with better student wellbeing and lower student psychological distress.¹² Children who have higher social and emotional wellbeing tend to do better in school.¹⁷

Teachers' mental health and wellbeing in Scotland

The search strategy found three reports of medium to large surveys, published since 2014, which asked Scottish primary and secondary school teachers and staff about their mental health and wellbeing. Overall, these reports suggest that between 44% and 60% of teachers frequently feel stressed in their job role. However, the findings should be interpreted with a degree of caution as every survey had methodological limitations. As the numbers of Scottish teachers responding to surveys such as [Teacher Wellbeing Index 2018](#), carried out by the Education Support Partnership¹⁸ and the [Big Question Survey](#) by the National Association of Schoolmasters / Union of Women Teachers (NASUWT)¹⁹ were small[†], the survey findings are unlikely to be representative of the Scottish population of teachers. Therefore, they have not been included in this section. The included surveys are listed chronologically with a short summary of their method, findings and identified limitations.

The Educational Institute for Scotland (EIS) (2019): [EIS member survey](#)

In December 2018, the EIS member survey was sent to all EIS members whose pay and conditions of service are covered by the Scottish Negotiating Committee for Teachers[‡] (around 48,000). In total, 28%[§] of those invited to participate responded to the survey (n = 12,250). Initial findings reported that 60% of those who responded reported feeling frequently stressed within the job in a 'typical' week. However, it is

[†] 100 Scottish teachers responded to the Education Support Partnership's Wellbeing Index survey and around 300 (exact number not reported) completed NASUWT's Big Question Survey.

[‡] This includes teachers and associated professionals such as educational psychologists, music instructors and quality improvement officers employed by Scottish Councils. Over 80% of Scotland's teachers and lecturers are said to be members of the EIS union.

[§] Percentage reported by EIS.

difficult to determine if this finding is representative of teachers in Scotland for a couple of reasons. First, just over one quarter of those eligible actually took part. It is possible that those who took part were not 'typical' of teacher professionals in Scotland. The initial finding report does not present any information comparing the characteristics of those who did and did not take part. Second, professionals such as music instructors and educational psychologists were eligible to take part. The initial findings presented on EIS's website do not differentiate between teachers and other professionals taking part. Unfortunately, at the time of writing this paper, the full report of the survey was not publicly available.⁴

Ravalier and Walsh (2017): [Scotland's Teachers: Working Conditions and Wellbeing](#)

The Working Conditions and Wellbeing survey was an online survey distributed by the EIS, on behalf of the authors, to its teaching members. Measures included the four-item Perceived Stress Scale (PSS), a short version (25-item) of the HSE's Management Standards Indicator Tool (MSIT) and one question about job satisfaction and turnover intentions. A total of 2,835 primary and secondary teachers responded, along with 1,296 EIS members who worked in a college or university, or had a management or other job role. The authors concluded that teachers had higher levels of perceived stress than the general population norms and faced high levels of poor working conditions. Compared to national benchmarks for the MSIT, with the exception of the peer support component, primary and secondary teachers scored worse on each working condition.^{**5}

A number of limitations of this study were identified that suggest these findings should be treated with a degree of caution. First, the PSS measures general perceived stress instead of work-related stress, so it is not possible to tell if there were other non-work-related factors contributing to the teachers' stress. Second, there is a lack of information in the published report. For example, it is not possible to tell whether the survey was sent to the full EIS membership or a sample. The lack of

^{**} Demands, Control, Managerial Support, Relationships, Role, Change.

information (for example the data tables are not included) means that it is not possible for the reader to judge the validity of the authors' conclusions.

Porter (2014): Teachers' and Lecturers' Job Satisfaction and Wellbeing Survey

The Teachers' and Lecturers' Job Satisfaction and Wellbeing survey was commissioned by the EIS. All EIS members were invited to take part, including staff working in special education, nursery education, further and higher education (n = 53,800). About one eighth of the paying membership completed the survey (12.8%; n = 6,893). Of these, 47% were working in primary education and 36% in secondary education. Nearly half of the primary (44%) and secondary (49%) teachers who took part reported feeling stressed all the time. However, it is difficult to judge the appropriateness of the findings of this survey as the available details about the study were limited to those findings presented in a PowerPoint presentation published on the EIS website. It is not known whether the relatively small proportion, of those eligible to take part, who completed the survey were 'typical' of the general teaching population.⁶

Drivers of teachers' work-related stress in Scotland

In the EIS surveys, aspects of teachers' role that were reported to cause the most stress included: the workload, changes to the curriculum, inadequate staffing levels, supporting pupils with additional support needs and administrative paperwork.^{4,6} Similarly, in the survey carried out by Ravalier and Walsh, the demands of respondents' workload were the greatest stressor reported.⁵

What works to support teachers' mental health and wellbeing?

The following section starts by bringing together international review-level evidence about the effectiveness of programmes that aim to support teacher's mental health and wellbeing. This is followed by details of individual programmes that have been implemented and evaluated in the UK and Ireland.

International review-level evidence

The search strategy identified six systematic reviews or meta-analyses of international studies. Of these, four examined the effectiveness of mindfulness-based interventions to improve teachers' mental wellbeing and/or relieve psychological distress.^{7,20,21,22} The remaining two reviews examined

- strategies to reduce teacher burnout¹¹
- organisational interventions to improve wellbeing and reduce work-related stress.¹

Mindfulness

Mindfulness-based interventions to improve teachers' wellbeing and/or relieve psychological stress was the focus of the majority of the international review-level evidence found by the search strategy (n = 4). Mindfulness-based interventions aim to help individuals to recognise and regulate their reactions to stress, thereby reducing their stress levels.⁷ On the whole, the findings from the systematic reviews suggest that taking part in a mindfulness-based intervention can be beneficial across a number of mental health outcomes. Positive impacts on levels of perceived stress were consistently reported.^{7,20,22} More mixed results were described for measures of depression, anxiety and burnout. For example, Emerson et al found that, across the studies in their review, 44% of those who reported measures of anxiety and depression demonstrated a statistically significant improvement.⁷ Similarly, Lomas et al found that two out of three studies which reported a measure of burnout were effective.²² Although measures of psychological wellbeing were included less frequently than measures of psychological distress,⁷ effects of mindfulness-based interventions on teachers' mental wellbeing were, in the main, positive. A meta-analysis by Klingbeil and Renshaw suggests that the overall effects were small to medium depending on what outcome had been measured and how it had been measured.²¹

A wide variety of characteristics and components of mindfulness-based interventions were included in the reviews.^{7,20,21} None of the papers looked at whether one approach, compared to others, was more or less beneficial for teachers.²¹ Follow-up tended to be quite short, so it is difficult to know whether any positive benefits are

sustained in the longer term.⁷ While mindfulness was an integral part of the primary studies, it was not the sole component.^{20,21} It is difficult, therefore, to work out whether the mindfulness element was the beneficial factor or the positive effects derived from another aspect of the intervention. For example, it is known that group support can help reduce work-related stress. If the mindfulness-based intervention was delivered as a group activity, it is possible that the positive benefits were the result of the social support from the group rather than the mindfulness element. Likewise, it is not known whether mindfulness-based interventions are more or less beneficial for teachers compared to other recognised stress management techniques such as relaxation or meditation practices.¹⁰

Teacher burnout

Reducing teacher burnout was the focus of one meta-analysis found by the search strategy.¹¹ From the literature, the authors identified six broad approaches. Some of the programmes (n = 23) included in the meta-analysis used more than one approach.

- Cognitive behavioural therapy (five studies).
- Mindfulness and/or meditation approaches (nine studies).
- Professional development (five studies) – programmes that provide teachers with skills for student interaction and classroom management.
- Psychoeducational approaches (four studies) that aim to increase teacher knowledge about burnout, stress or mental health.
- Social support (three studies) – the use of group work so that teachers feel supported by their colleagues.
- Socio-emotional skills (three studies) – programmes that aim to improve teachers' socio-emotional skills.
- Other (three studies)
 - Expressive writing.
 - Physical exercise programme.
 - Positive psychology approach.

The meta-analysis looked at the impact of the interventions collectively on measures of overall burnout and separately on the three components of burnout (emotional

exhaustion, depersonalisation and personal accomplishment). In general, the interventions were collectively effective for overall burnout, emotional exhaustion and personal accomplishment. The effect was, however, small. Studies of interventions based on mindfulness reported statistically significant effects on emotional exhaustion and personal accomplishment. Approaches based on cognitive behavioural therapy were effective for emotional exhaustion, while those based on social support were beneficial for personal accomplishment. None of the approaches were effective on the depersonalisation component of burnout.¹¹

The findings from this meta-analysis should be interpreted with a degree of caution for a number of reasons. First, the majority of the studies came from North America where the school context and stressors experienced by teachers are likely to be different from those in Scotland. Second, the teachers who took part in the studies were volunteers and it is not clear whether they were experiencing burnout when they participated. Last, there were small numbers of studies in each approach category so it is likely that there was insufficient statistical power to detect a statistically significant difference in effect.

Organisational interventions

Organisational interventions seek to tackle the stressors in the work environment rather than the stress response of the individual. They can aim to change organisational characteristics or conditions (for example school-level policy, school climate or ethos), role characteristics or conditions (for example senior management practice, role conflicts) or task characteristics or conditions (for example workload, work environment).¹ One Cochrane review of international studies, which looked at organisational interventions that aimed to improve wellbeing and/or reduce work-related stress in school teachers, was found. Four studies met the inclusion criteria. The findings suggest that changing task characteristics can have a moderate impact on stress levels (based on one study), whereas changing organisational characteristics have no significant effect on burnout, job-related anxiety and depression (based on two studies). The final study which looked at the effectiveness of a multicomponent intervention did not report any mental health and wellbeing outcomes.¹

The findings of this review should be interpreted with a degree of caution. First, all the studies were carried out in countries^{††} where the educational context and teachers' experience of work-related stressors is likely to be different from those in Scotland. Second, all the interventions included an individual-level component such as coaching or mentoring which makes it difficult to determine the relative benefits of the organisational elements to the reported impacts. Finally, the organisational elements were not described fully in the primary studies so replication in another context would be difficult.

Studies in the UK and Ireland

The search strategy identified six primary studies that had been conducted in the UK and Ireland. Two studies examined the effectiveness of a mindfulness-based intervention.^{23,24} However, these studies were included in all the international reviews of mindfulness-based interventions discussed above, so will not be discussed further here. The remaining studies looked at the impact on teachers' mental health and/or wellbeing of the following:

- A written emotional disclosure intervention.²⁵
- The Incredible Years[®] Classroom Management programme.²⁶
- Wellbeing in Secondary Education pilot study.²⁷
- Chill and Chat intervention.²⁸

Written emotional disclosure intervention

In written emotional disclosure interventions, participants write privately about their thoughts and feelings surrounding experiences that have been personally stressful or traumatic. In general studies, beneficial effects on psychological and physical wellbeing have been reported. However, studies looking at the effectiveness on work-related stress are scarce. In a randomised controlled trial, 126 volunteer teachers who were currently teaching in a primary or secondary school in the UK, were asked to write for 20 minutes on three consecutive days about either:

- any number and type of stressful or traumatic experiences

^{††} United States of America, China and Australia.

- a single stressful or traumatic experience
- work-related stressful experiences
- day-to-day activities without reference to emotions (control group).²⁵

Compared to the control group, no statistically significant effects of writing about stressful or traumatic experiences on psychological or physical health were found.²⁵

The teachers who completed the outcome measures at all of the data collection points (n = 77) were relatively healthy at baseline, so it is likely that there were relatively limited prospects for their health to improve significantly. Considerably more teachers from the groups writing about stressful experiences dropped out of this study compared to the control group. It is not possible to tell from the report of this study whether those who did not complete the study differed in any way from those that did.

The Incredible Years® Classroom Management programme

The [Incredible Years®](#) Classroom Management programme is one of three linked programmes for parents, teachers and children that aim to prevent and treat young children's behaviour problems and promote their social, emotional, and academic competence.²⁹ In a randomised controlled trial,^{‡‡} as well as looking at the impact of this programme on children's mental health, Hayes et al examined the impact on teachers' mental health and wellbeing. In south-west England, 80 schools were recruited to the trial. In each, the head teacher nominated a class teacher of children aged four to eight years to take part. Half were randomly allocated to participate in the Incredible Years® Classroom Management programme with the others acting as a comparison group. Measures of the teachers' mental health and wellbeing were collected before the training and again nine months later. No statistically significant differences in teachers' self-reported 'burnout' or wellbeing were found between those who had taken part in the programme and the comparison group.²⁶

‡‡ The Supporting Teachers And childRen in Schools (STARS) trial.

Wellbeing in Secondary Education (WISE) pilot study

The WISE pilot study was designed to determine the feasibility of an intervention that aimed to improve secondary teachers' mental health and strengthen their ability to support students' mental health. There were two strands to the pilot intervention:

- a small group of staff (n = 8–9) in each school were trained in Mental Health First Aid^{§§} (MHFA) and encouraged to set up a peer-support service for colleagues
- youth MHFA^{***} was offered to a wider group of school staff (up to 20 per school).²⁷

Six secondary schools in England took part, with three receiving the intervention training and the remainder continuing with their usual practice. In each school, all the staff and pupils in Year 8 and 9 (at baseline)^{††} were asked to complete a number of mental health and wellbeing measures before the staff undertook the MHFA training and were repeated a year later with the same pupils and staff. Complete data were received for 59% of pupils and 44% of school staff in the intervention schools, while full information was received from 57% of pupils and only 25% of teachers in the control schools.²⁷ The low response from teachers, particularly in the control schools, at follow-up limits the conclusions that can be drawn from this study.

At baseline, the school staff in both intervention and control schools reported lower wellbeing than population norms.¹³ When followed up a year later, no statistically significant differences in the mental health and wellbeing of school staff between the intervention and control schools were found once baseline scores and the school level eligibility for free school meals^{†††} were adjusted for.³⁰ At follow-up, pupils in the intervention group had higher wellbeing mean scores and lower overall scores on the Strengths and Difficulties Questionnaire after baseline scores, their school year and free school meal eligibility was taken into account.³⁰ However, as mentioned above, the substantial proportion of teachers who were lost to follow-up means that it is

^{§§} See www.smhfa.com/about/index.aspx

^{***} Youth MHFA courses are for everyone who works with or supports young people aged 8–18.

^{†††} Ages 12–14 years.

^{†††} As a measure of children living in poverty.

difficult to make firm conclusions about the effectiveness of the WISE intervention from this pilot study.

School staff with MHFA training were found to have better knowledge about, and less stigmatising attitudes towards, mental health than the rest of the staff at follow-up. Only a small number of school staff had used the peer support service (n = 19, 6.3% of those with completed questionnaires). Focus groups with school staff identified a number of barriers to its use including concerns about confidentiality and preferring to seek support from people of their own choice (for example work friends).²⁷

Following on from this pilot study, the [Wellbeing in Secondary Education \(WISE\)](#) study is ongoing. A total of 24 schools in Bristol and Wales have been recruited and allocated at random to receive either the intervention or act as a comparison group. The intervention consists of three strands:

- Training a group of school staff in MHFA. They are expected to set up a peer-support service for colleagues, offering confidential listening, advice and signposting to other services.
- Training a further group of school staff in the youth version of MHFA.
- Delivering a mental health and wellbeing awareness session to all staff.

At the time of writing, the results from this trial were not publicly available.

Chill and Chat intervention

The Chill and Chat intervention ran for eight weeks over lunchtimes in one primary school in the UK. It was hosted by three facilitators in the community development centre adjoining the school. Sources of support included the provision of a social area away from work, relaxation opportunities including massages by a qualified therapist on three occasions and leaflets from the occupational health service. Between 12 and 16 staff (approximately 40–50% of school staff) accessed the Chill and Chat intervention each week. Focus groups with four school staff were held prior to, during and one week after the intervention. Staff who took part viewed the intervention as an opportunity to take care of their own mental wellbeing. They felt that by accessing the intervention's social space they had been able to get to know

other staff members better, which had helped to improve staff relationships. In addition, all of the school staff were asked to complete questionnaires before and after the intervention. It asked for their views about the Chill and Chat intervention, as well as their perspectives of mental wellbeing in general. Feeling anxious about being seen attending a 'wellbeing' intervention was a barrier identified by staff who did not attend. This seemed to stem from a belief that mental wellbeing was the responsibility of the individual and attending the intervention might be seen as a sign that they were not 'coping'.²⁸

The response rate was relatively low, with only nine questionnaires (29%) returned completed prior to the intervention and 12 questionnaires (39%) afterwards. Owing to a technical difficulty, the researcher was unable to link the responses of individuals before the intervention with their answers in the second questionnaire.²⁸ It is difficult, therefore, to determine how representative the views reported are and if these changed over the duration of the intervention.

Discussion

This review found relatively few studies that evaluated interventions aimed to support teachers' mental health and wellbeing. All the studies focused on the prevention of mental health problems as opposed to the promotion of positive mental health and wellbeing. The largest body of evidence, with four international reviews including two UK-based primary studies, looked at the effectiveness of mindfulness interventions. Although not consistently effective across all mental health outcomes, beneficial effects on perceived stress levels and mental wellbeing were reported.^{7,20-22}

Mindfulness was one of the positive approaches identified by Iancu et al's meta-analysis of interventions that aimed to reduce teacher burnout.¹¹ However, mindfulness-based interventions offer an individual-level approach to stress management.²² If they are advocated for teachers and school staff in isolation, there is a risk that responsibility is placed on school staff to be resilient in the face of adverse working conditions, instead of employers or school leaders looking at ways at an organisational level to lessen the workload or change the work environment.^{7,22}

Evaluations of organisational-level interventions in a school setting were scarce. Naghieb et al's review found only a few studies that had specifically examined the effectiveness of organisational-level interventions to support teachers' mental health and wellbeing.¹ Likewise, none of the identified UK individual studies reported that they had included approaches to change the work environment. However, the focus of this current review was specifically on studies that involved teachers and school staff. There is a much larger body of evidence related to general workplace settings.^{10,31} For example, the NICE Mental Wellbeing at Work Guidelines PH22 surveillance report found 32 studies published between 2007 and 2017; 11 of which were systematic reviews of organisational-level interventions.³¹

Overall, the surveillance report found that organisational interventions may be effective in improving a variety of mental health and wellbeing outcomes in employees. In particular, organisational interventions or combined approaches were found to provide longer-term relief from burnout than individual-level interventions alone. Promising interventions included those that targeted workload and/or working

conditions, improved communication and workplace support and participatory interventions.³¹ As a result of this surveillance report, the [NICE guidelines](#) are due to be updated. Further research is needed to find out if approaches that are beneficial in one workplace setting are more or less effective in a school setting, as every workplace is unique in terms of their function, relationships and culture.¹⁰ This means that it is difficult to draw firm conclusions about what might work best in schools in Scotland. A whole-school approach that combines proactive preventative strategies to alter the workload and/or the work environment with approaches to build teachers' resilience is likely to be more effective than individual-level approaches alone.¹⁰

Limitations

The findings of this paper should be interpreted in the light of following limitations. In the international reviews, studies from North America pre-dominated, which makes generalising their findings to the Scottish context uncertain. In general, the follow-up period of studies was relatively short, so little is known about the longer-term effects.⁷ The overall quality of the evidence was weak, with authors of the international reviews commenting on the small sample sizes²¹ and lack of consideration to confounding^{§§§} factors in the primary studies.²²

This paper was limited to published international review-level studies and published outcome evaluations of programmes that aimed to support teachers' mental health and wellbeing. It is possible that the search strategy missed some programmes. However, the reference lists of the included international reviews were searched and any UK-based studies (where the study's country was detailed) that met the publication date inclusion criteria were retrieved for potential inclusion. As there was a focus on published evaluations, this paper does not capture information about initiatives that are currently being implemented at a school or local authority level to support teachers in Scotland.

§§§ Background factors such as age and gender that may or may not also influence the measured outcomes.

Conclusion

With the exception of mindfulness-based interventions, this review has highlighted a lack of outcome evaluations of programmes that aimed to support teachers' mental health and wellbeing. Of those that met the inclusion criteria, the majority focused on individual-level approaches to help teachers cope with stressors in their work environment rather than strategies at an organisational level to reduce stressors and, thus, prevent stress. Combining organisational-level strategies with individual approaches is likely to be more effective than merely focusing on the individual. The effectiveness of general workplace interventions which take this approach, implemented in school settings, warrant further investigation.

Sources of information about promoting wellbeing in the workplace and/or managing work-related stress

A number of resources were identified that aim to promote wellbeing in the workplace and/or manage work-related stress. Some have been developed specifically for educational settings, whereas others are designed for workplaces in general. With the exception of the 'Healthy Working Lives' website, the links provided in this section are not under the control of NHS Health Scotland. They are offered as sources of information and their inclusion is not an endorsement of their quality or effectiveness.

- Anna Freud National Centre for Children and Families: [Ten steps towards school staff wellbeing](#).
- Business in the Community/Public Health England: [Mental health toolkit for employers](#).
- Chartered Institute of Personnel and Development/MIND: [People managers' guide to mental health at work](#).
- Education Support Partnership:
 - [Stress test](#).
 - [Work-life balance test](#).
 - [Wheel of Wellbeing test](#).
 - [How leaders can promote staff wellbeing](#).
 - [Time management and wellbeing at work](#).
- Health and Safety Executive: [Work-related stress](#).
 - [Stress in education: Talking toolkit for Schools](#).
- Healthy Working Lives: [Mental health](#).
 - [Importance of mental health](#): Understand your legal duty of care to support the mental health of your employees.
 - [Stress at work](#): What it is and how to manage it, including the Work Positive Tool for stress risk assessment.
 - [Supporting mental health](#): Simple, cost-effective ways to support your employees.

- [Mentally Healthy Workplaces Training \(eLearning course\)](#): free online learning course. You need an account (free) to access the course.
- [Mentally Healthy Workplaces – Training for Managers](#): free one-day course to improve managers' confidence in supporting staff, available across Scotland.
- Mentally Healthy Schools: [Supporting staff wellbeing](#).
- NHS Greater Glasgow & Clyde: [South Glasgow Wellbeing Services](#).
 - Self-help materials available for download.
- MIND: [Mental health at work](#).
- NICE (2015): [Workplace health: management practices](#).
- NICE (2009)^{****}: [Mental wellbeing at work](#).
 - [Surveillance report 2018 – Mental wellbeing at work \(2009\) NICE guideline PH22](#).
- SeeMe: [Mental health in work](#).
- Young Minds: [Caring For The Wellbeing Of Teachers And School Staff](#).

^{****} The surveillance report recommended that this public health guidance is updated to take account of new evidence.

Appendix 1: Method

Research question: What works to support teachers' mental health and wellbeing?

Search strategy

The search strategy was developed in discussion with NHS Health Scotland's Knowledge Services:

- # 1. Elementary School Teachers or secondary school teachers or middle school teachers or public school teachers or school personnel or paraprofessional school personnel or teacher* or educator* or (teaching adj3 (assistant* or staff)) or teaching profession* or (school adj3 (staff or personnel or employee*)) or Headteacher* or head teacher* or senior teacher* or senior teaching or school leadership or school senior management or Classroom assistant* or pupil support staff or (learning support staff and school*)
- # 2. (stress or anxiety or depress* or anxious* or wellbeing or well-being or satisfaction or happiness or happy) adj2 (occupational or work related or job related or workplace or psychological) or stress levels or high stress or (stress adj reduc*) or psychological workload* or burnout
- # 3. stress management or stress variables or occupational diseases or job satisfaction or "quality of working life" or job enrichment or employer employee relationship or employee absenteeism
- # 4. Teacher Welfare or Teacher Burnout or Teacher Morale
- # 5. #2 OR #3 OR #4
- # 6. intervention* or prevention or program* or evaluat* or effect* or service or change or modif* or switch* or alter* or substitut* or shift or promot* or transform* or control* or moderator* or influenc* or strategy or strategies or facilitator* or predict* or explain*
- # 7. #1 AND #5 AND #6

Using these search terms, the following health and education electronic databases were searched:

Medline, ERIC, PsycInfo, Public Health, ASSIA, IBSS, Sociological Abstracts, Professional Development Collection, British Education Index, Teacher Reference Center, Child Development & Adolescent Studies, Australian Education Index.

The electronic database searches were limited to peer-reviewed papers published in English from 2010 until June 2019, when the latest search was carried out.

In addition, the search terms words teacher/teachers/school staff/educators in combination with wellbeing/happiness/mindfulness/stress/burnout were used to search for reports not published in the peer-reviewed literature. Further studies and papers were identified by examining the reference lists of relevant articles identified by the search.

Selection process

The titles and abstracts were screened for potential inclusion. If studies reported an intervention to support the mental health and wellbeing of teachers and/or school staff working in a primary or secondary school setting,^{†††} they were selected for further consideration. The focus was international reviews published in English or primary studies carried out in the UK and/or Ireland. Studies were excluded if the target population was pre-school teachers or staff, student teachers, college or university lecturers. Book reviews, discussion or commentary papers were not included. From a pool of 3,244 articles and reports, after duplicates were removed, this screening identified 82 papers for further consideration. The full text of each paper was assessed for inclusion and 12 were included in the synthesis. Of these, six were review-level papers and six were primary studies. Further details are available from the author.

^{†††} Or equivalent.

References

- ¹ Naghieh A, Montgomery P, Bonell CP, Thompson M, Aber JL. Organisational interventions for improving wellbeing and reducing work-related stress in teachers. *Cochrane Database of Systematic Reviews*. 2015; (4): Art. No.: CD010306.
- ² Health and Safety Executive. *Work related stress depression or anxiety statistics in Great Britain, 2019*. Bootle, Merseyside: Health and Safety Executive; 2019.
- ³ NICE. *Mental wellbeing at work. Public health guidelines PH22*. Manchester: NICE; 2009.
- ⁴ The Educational Institute of Scotland. *EIS membership survey 2019 - initial findings*. Edinburgh: EIS; 2019.
- ⁵ Ravalier JM, Walsh J. *Scotland's teachers: Working conditions and wellbeing*. Bath: Bath Spa University; 2017.
- ⁶ Porter S. *Teachers and lecturers job satisfaction and wellbeing survey*. Edinburgh: EIS; 2014.
- ⁷ Emerson L, Leyland A, Hudson K, Rowse G, Hanley P, Hugh-Jones S. Teaching mindfulness to teachers: A systematic review and narrative synthesis. *Mindfulness*. 2017;8(5):1136–49.
- ⁸ Mulholland R, McKinlay A, Sproule J. Teachers in need of space: The content and changing context of work. *Educational Review* 2017;69(2):181–200.
- ⁹ McCallum F, Price D, Graham A. *Teacher wellbeing: A review of the literature*. Sydney, NSW: The Association of Independent Schools of NSW Ltd; 2017.
- ¹⁰ Bagnall A, Jones R, Akter H, Woodall J. *Interventions to prevent burnout in high risk individuals: Evidence review*. London: Public Health England; 2016.

¹¹ Iancu AE, Rusu A, Măroiu C, Păcurar R, Maricuțoiu LP. The effectiveness of interventions aimed at reducing teacher burnout: A meta-analysis. *Educational Psychology Review* 2017;30(2):1–24.

¹² Harding S, Morris R, Gunnell D, Ford T, Hollingworth W, Tilling K, et al. Is teachers' mental health and wellbeing associated with students' mental health and wellbeing? *Journal of Affective Disorders* 2019;242:180–7.

¹³ Kidger J, Brockman R, Tilling K, Campbell R, Ford T, Araya R, et al. Teachers' wellbeing and depressive symptoms, and associated risk factors: A large cross-sectional study in English secondary schools. *Journal of Affective Disorders*. 2016; 192:76–82.

¹⁴ Health and Safety Executive. Labour force survey - self-reported work-related ill health and workplace injuries: [Work-Related Illness by Industry Table \(LFSILLIND\)](#). Bootle, Merseyside: Health and Safety Executive, 2019.

¹⁵ Paterson A, Grantham R. How to make teachers happy: An exploration of teacher wellbeing in the primary school context. *Educational & Child Psychology* 2016;33(2):90–104.

¹⁶ Acton R, Glasgow P. Teacher wellbeing in neoliberal contexts: A review of the literature. *Australian Journal of Teacher Education* 2015;40(8);article 6.

¹⁷ Gutman LM, Vorhaus J. The impact of pupil behaviour and wellbeing on educational outcomes. DFE-RR253 London: Department of Education; 2012.

¹⁸ Education Support Partnership. Teacher wellbeing index 2018. London: Education Support Partnership; 2018.

¹⁹ NASUWT. The Big Question 2017 (Scotland). An opinion survey of teachers and school leaders. Edinburgh: NASUWT; 2018.

²⁰ Hwang Y, Bartlett B, Greben M, Hand K. A systematic review of mindfulness interventions for in-service teachers: A tool to enhance teacher wellbeing and performance. *Teaching and Teacher Education* 2017;64:26–42.

²¹ Klingbeil DA, Renshaw TL. Mindfulness-based interventions for teachers: A meta-analysis of the emerging evidence base. *School Psychology Quarterly* 2018;33(4):501–11.

²² Lomas T, Medina JC, Ivtzan I, Rupprecht S, Eiroa-Orosa F. The impact of mindfulness on the wellbeing and performance of educators: A systematic review of the empirical literature. *Teaching and Teacher Education* 2017;61:132–41.

²³ Beshai S, McAlpine L, Weare K, Kuyken W. A non-randomised feasibility trial assessing the efficacy of a mindfulness-based intervention for teachers to reduce stress and improve wellbeing. *Mindfulness* 2016;7(1):198–208.

²⁴ Gold E, Smith A, Hopper I, Herne D, Tansey G, Hullan C. Mindfulness-based stress reduction (MBSR) for primary school teachers. *Journal of Child and Family Studies* 2010;19(2):184–189.

²⁵ Ashley L, O'Connor DB, Jones F. A randomized trial of written emotional disclosure interventions in school teachers: Controlling for positive expectancies and effects on health and job satisfaction. *Psychology, Health & Medicine* 2013;18(5):588–600.

²⁶ Hayes R, Titheradge D, Allen K, Allwood M, Byford S, Edwards V, et al. The Incredible Years® teacher classroom management programme and its impact on teachers' professional self-efficacy, work-related stress, and general wellbeing: Results from the STARS randomized controlled trial. *The British Journal of Educational Psychology* 2019 [online first] <http://dx.doi.org/10.1111/bjep.12284> (accessed December 2019).

²⁷ Kidger J, Stone T, Tilling K, Brockman R, Campbell R, Ford T, et al. A pilot cluster randomised controlled trial of a support and training intervention to improve the

mental health of secondary school teachers and students - the WISE (wellbeing in secondary education) study. BMC Public Health 2016 [online first] <http://dx.doi.org/10.1186/s12889-016-3737-y> (accessed December 2019).

²⁸ Sharrocks L. School staff perceptions of wellbeing and experience of an intervention to promote wellbeing. Educational Psychology in Practice 2014;30(1):19–36.

²⁹ The Incredible Years. Training series for parents, teachers, and children; 2019. URL: [Training series for parents, teachers, and children](#) (accessed December 2019).

³⁰ Kidger J, Stone T, Tilling K, Brockman R, Campbell R, Ford T, et al. A pilot cluster randomised controlled trial of a support and training intervention to improve the mental health of secondary school teachers and students - the WISE (wellbeing in secondary education) study. Additional file 4: Results of the main outcomes at follow up. BMC Public Health 2016 [online first] 16(1) <http://dx.doi.org/10.1186/s12889-016-3737-y>; (accessed December 2019)

³¹ NICE. Appendix A: Summary of evidence for 2018 surveillance of mental wellbeing at work (2009). Manchester: NICE; 2018.

